

FITNESS ASSESSMENT QUESTIONNAIRE

Title 10 STAT TOUR Only

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013 & EO 9397

PRINCIPLE PURPOSE: To process members into and through the Air National Guard Fitness Program. SSN is collected to identify the ANG Member in the ANG Fitness Program database.

ROUTINE USE: None.

DISCLOSURE: Voluntary. Failure to furnish information will not change your requirement to participate in the Air National Guard Fitness Program.

Today's Date: _____

Name: _____ **Rank:** _____ ☐ **Male** ☐ **Female**

SSN: _____ **Date of Birth:** _____ ☐ **Title 10 - STAT Tour**

Assigned Unit: _____ **Wing** (or equivalent): _____ **AFSC:** _____

Email Address: _____

Please use an address that you check frequently. Can be non-military.

FITNESS SCREENING QUESTIONS

IF YOU ANSWER **YES** TO ANY OF THESE QUESTIONS, PLEASE NOTIFY YOUR UNIT FITNESS PROGRAM MANAGER (UFPM) AND CONTACT YOUR PRIMARY CARE MANAGER FOR EVALUATION.

YES NO

Do you have a health condition not addressed in a physical profile (AF Form 422) that could be aggravated by participating in your unit's physical training program/fitness testing or that would preclude your safe participation? ☐ ☐

Do you experience chest discomfort with exertion? ☐ ☐

Do you experience unusual shortness of breath? ☐ ☐

Do you experience dizziness, fainting or blackouts? ☐ ☐

Are you over 35 years old and are **2 or more** of the following statements true? ☐ ☐

- I am physically inactive, that is, have not participated in physical activities of at least a moderate level (i.e., that caused light sweating and slight-to-moderate increases in breathing or heart rate) for at least 30 minutes per session and for a minimum of 3 days per week for at least 3 months.

- I have smoked cigarettes in the last 30 days.

- I have high blood pressure that is not controlled.

- I have high cholesterol that is not controlled.

- I have a family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)

- I am a male with an abdominal circumference >40" or female with an abdominal circumference >35".

- I am a male 45 years or older or female 55 years or older.

HEALTHY HABIT QUESTIONS

YES

NO

Do you smoke or use tobacco? ☐ ☐

Are you a member of a health club? ☐ ☐

How many times do you exercise in a typical week? ☐ ☐ ☐ ☐
0 1-2 3-4 5-7

ASSESSMENT SCORES

Height: feet inches

Waist: ☐ 1/4
☐ 1/2 inches
☐ 3/4

Weight: pounds

Run Time: minute seconds
(only if run completed)

Resting Pulse: 15 second count

Recovery Pulse: 1 minute count

Sit & Reach:

Before toes 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Touch toes ☐

After toes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0

Push-ups: 1 minute

Crunches: 1 minute

Member
Signature

Buddy
Signature